

**EXHIBIT F-5**

**Indiana Proof of Claim no. 18512**

**WR Grace**

SR00001142

**Bankruptcy Form 10****Index Sheet**

Claim Number: 00018512

Receive Date: 12/08/2008

**Multiple Claim Reference**

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
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- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

**Attorney Information**

Firm Number:

Firm Name:

Attorney Number:

Attorney Name:

Zip Code:

Cover Letter Location Number:

**Attachments  
Medical Monitoring**

- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD

**Attachments  
Property Damage**

- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ TBD
- ☐ Other Attachments

**Non-Asbestos**

- ☐ Other Attachments

**Other**

- ☐ Non-Standard Form
- ☒ Amended 15355
- ☐ Post-Deadline Postmark Date

- ☐ Amended per Objection
- Original Claim #: \_\_\_\_\_

United States Bankruptcy Court  
District of DE (WILMINGTON)

## PROOF OF CLAIM

Debtor (Name of Debtor)  
WR GRACE & COMPANYCase Number  
01-1140

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.

Name of Creditor  
(The person or other entity to whom the debtor owes money or property)

INDIANA DEPARTMENT OF REVENUE

Name and Address Where Notices Should be Sent  
INDIANA DEPARTMENT OF REVENUE  
BANKRUPTCY SECTION, N-240  
100 NORTH SENATE AVENUE  
INDIANAPOLIS, IN 46204

Telephone No. (317) 232-2289

Account Or Other Number By Which Creditor Identifies Debtor  
4230☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court in this case.☐ Check box if the address differs from the address on the envelope sent to you by the court.THIS SPACE IS FOR  
COURT USE ONLYCheck here if this claim ☐ replaces ☐ amends a previously filed claim dated 08/19/2003

## 1. BASIS FOR CLAIM

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury / wrongful death
- ☐ Taxes
- ☐ Other (Describe briefly)

- ☐ Retiree benefits as defined by U.S.C. 1114(a)
- ☐ Wages, salaries, and compensation (Fill out below)  
Your social security number \_\_\_\_\_  
Unpaid compensation for services performed  
from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

2. DATE DEBT WAS INCURRED  
SEE ATTACHMENT

## 3. IF COURT JUDGMENT, DATE OBTAINED

4. CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

## • SECURED CLAIM \$0.00

Attach evidence of perfection of security interest.

Brief description of Collateral:

Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$:

## • UNSECURED NONPRIORITY CLAIM \$8,705.75

A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

## • UNSECURED PRIORITY CLAIM \$69,028.60

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. 507(a)(3)
- ☐ Contributions to an employee benefit plan - 11 U.S.C. 507(a)(4)
- ☐ Up to \$1950 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. 507(a)(6)
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. 507(a)(7)
- ☐ Taxes or other penalties of governmental units - 11 U.S.C. 507(a)(8)
- ☐ Other - Specify applicable paragraph of 11 U.S.C. 507(a) \_\_\_\_\_  
\*Amounts are subject to adjustment on 4/1/08 and every 3 years thereafter with respect to cases commenced after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED	\$8,705.75	\$0.00	\$69,028.60	\$77,734.35
	(Unsecured)	(Secured)	(Priority)	(TOTAL)

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFF The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

THIS SPACE IS FOR  
COURT USE ONLY

7. SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME STAMPED COPY To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

12/01/2008

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

/s/ AVA ALLISON, Tax Analyst

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. 152 and 171.

RECD DEC 08 2008

WR Grace BF.53.211.10542

00018512

SR=1142

## AMENDED WORKING PAPERS:

PAGE: 2 OF 2

NAME(S): W R GRACE &amp; COMPANY

FID: 4230

PRE-PETITION SECURED

CASE NUMBER: 01-1140

TID:

POST-PETITION UNSECURED

DATE FILED: 04/02/2001

TID:

CONFIRM DATE:

PRIORITY

CHAPTER FILED: 11

NO#	TAX TYPE	LIAB NBR	LIAB TYPE	PERIOD END NG	DUE DATE	PENALTY RATE	BASE TAX	INTEREST	PENALTY	CLERK COST	TOTAL CLAIM
8650	COR	199501709693	AUD	12/31/1995	04/15/1996	0.00%	\$3,017.61	\$648.08	\$0.00	\$0.00	\$3,665.70
		199601709673	AUD	09/28/1996	01/15/1997	0.00%	\$459.80	\$135.69	\$0.00	\$0.00	\$595.49
		199701725353	AUD	12/31/1997	04/15/1998	10.00%	\$8,962.04	\$1,882.27	\$0.00	\$0.00	\$10,844.31
	RST	199502465732	AUD	12/31/1995	01/22/1996	10.00%	\$21,927.80	\$8,024.63	\$2,192.78	\$0.00	\$32,145.21
		199602465735	AUD	12/31/1996	01/21/1997	10.00%	\$11,100.97	\$3,287.41	\$1,110.10	\$0.00	\$15,498.48
		199702465737	AUD	12/31/1997	01/20/1998	10.00%	\$9,766.79	\$2,710.51	\$976.68	\$0.00	\$12,953.98
		199802465742	AUD	12/31/1998	01/20/1999	10.00%	\$1,425.74	\$227.81	\$142.57	\$0.00	\$1,795.12
	WHI	200000517363	RCH	12/31/2000	01/22/2001	10.00%	\$214.83	\$3.30	\$21.48	\$0.00	\$239.61

TOTALS:

\$56,875.08

\$16,415.71

\$1,443.56

\$0.00

\$77,734.35

Secured Amount: \$0.00

General Unsecured Amount: \$6,705.75

Priority Amount: \$89,028.60

# STATE of INDIANA



INDIANAPOLIS, 46204-2253

**DEPARTMENT OF REVENUE**  
**COMPLIANCE DIVISION**  
**INDIANA GOVERNMENT CENTER NORTH**  
**ROOM N203**  
**100 N. SENATE AVE.**

December 3, 2008

Claims Processing Agent  
Re: W.R. Grace & Co. Bankruptcy  
P.O.Box 1620  
Faribault, MN 55021-1620

RE: W. R. Grace & Company  
Case # 01-01139

Dear Sir or Madam,

Enclosed are the original and copies of amended Proof of Claim of the Indiana Department of Revenue for filing in the above referenced case.

Please return a file-stamped copy for our files to :

Indiana Department of Revenue  
100 N. Senate Ave., Room N203  
Bankruptcy Section  
Indianapolis, IN 46204

Thank you for your courtesy in this matter.

Sincerely,  
INDIANA DEPARTMENT OF REVENUE

A handwritten signature in cursive script, appearing to read "Ava Allison".

Ava Allison  
Ass't Bankruptcy Officer  
(317) 232-3275

REC'D DEC 08 2008

"Equal Opportunity Employer"